REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 8-9-05 2 Serial/Patent # 1522541						
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT	
	Filing			1/27/05	\$ 100	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
	Other				\$	
		7 TOTAL AMOUNT OF REFUND \$			\$	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment		C	redit Dep	osit A/C #:	
	Duplicate Payment	-	9	4311	140	
	No Fee Due (Explanation):	<u></u>		<u> </u>		
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:			TITLE:			
SIGNATURE: White			PHONE:			
OFFICE:						

APPROVED:			E: _			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B